



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Mukhttar Champs, D.C.

**Respondent Name**

Sentinel Insurance Company Ltd.

**MFDR Tracking Number**

M4-17-0756-01

**Carrier's Austin Representative**

Box Number 47

**MFDR Date Received**

November 16, 2016

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "THE CURRENT RULES ALLOW REIMBURSEMENT"

**Amount in Dispute:** \$650.00

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Carrier has accepted compensable injuries to be the right shoulder sprain and adhesive capsulitis of the right shoulder only, thus, diagnosis of adhesive capsulitis of the left shoulder is not related to the compensable injury."

**Response Submitted by:** The Hartford

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 29, 2016	Designated Doctor Examination	\$650.00	\$650.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services from March 1, 2008 until September 1, 2016.
- Texas Labor Code §408.0041 provides the requirements related to designated doctor examinations.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 133 – The disposition of this claim/service is pending further review.
  - UNRL – Extent of injury not finally adjudicated. Reimbursement withheld – charge unrelated to compensable injury.

- W3 – Additional payment made on appeal/reconsideration.

### **Issues**

1. Is Sentinel Insurance Company's reason for denial of payment supported?
2. What is the maximum allowable reimbursement (MAR) of the disputed services?
3. Is Dr. Champsy entitled to reimbursement for the disputed services?

### **Findings**

1. Mukhttar Champsy, D.C. is seeking reimbursement of \$650.00 for a designated doctor examination to determine maximum medical improvement and impairment rating. Sentinel Insurance Company (Sentinel) denied the disputed services with claim adjustment reason code UNRL – "EXTENT OF INJURY NOT FINALLY ADJUDICATED. REIMBURSEMENT WITHHELD – CHARGE UNRELATED TO COMPENSABLE INJURY."

Texas Labor Code §408.0041(h)(1) requires that the insurance carrier shall pay for a designated doctor examination ordered by the division "unless otherwise prohibited by this subtitle or by an order or rule of the commissioner." Available information supports that Dr. Champsy was ordered to perform a designated doctor examination to determine maximum medical improvement and impairment rating for the injured employee. The division finds that reimbursement is not prohibited for the denial reason submitted by Sentinel. Therefore, reimbursement of the disputed services will be reviewed in accordance with 28 Texas Administrative Code §134.204.

2. Per 28 Texas Administrative Code §134.204(j)(3), "The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350." The submitted documentation supports that Dr. Champsy performed an evaluation of Maximum Medical Improvement. Therefore, the MAR for this examination is \$350.00.

Per 28 Texas Administrative Code §134.204(j)(4), "The following applies for billing and reimbursement of an IR evaluation. ... (C)(ii) The MAR for musculoskeletal body areas shall be as follows. ... (II) If full physical evaluation, with range of motion, is performed: (-a-) \$300 for the first musculoskeletal body area." The submitted documentation supports that Dr. Champsy provided an impairment rating and performed a full physical evaluation with range of motion of the right shoulder. Therefore, the MAR for this examination is \$300.00.

3. The total MAR for the disputed services is \$650.00. This is the recommended reimbursement amount.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$650.00.

### ***ORDER***

Based on the submitted information, pursuant to Texas Labor Code Sec. 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$650.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

_____ Signature	_____ Laurie Garnes Medical Fee Dispute Resolution Officer	_____ December 22, 2016 Date
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### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**